


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 036 ***150.00

DOCUMENT # P95000049157	
1. Entity Name OAKMONT FARMS, INC.	

Principal Place of Business 712 S. OREGON AVE. 200 TAMPA, FL 33606 US	Mailing Address 712 S. OREGON AVE. 200 TAMPA, FL 33606 US
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40086065



2. Principal Place of Business 1414 W SWANN AVE	3. Mailing Address 1414 W SWANN AVE
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State TAMPA FL	City & State TAMPA, FL
Zip 33606	Country USA

04102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent KRUSEN, W. ANDREW JR. 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606	
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7. Name and Address of New Registered Agent	
Name KRUSEN, W. ANDREW JR.	
Street Address (P.O. Box Number is Not Acceptable) 1414 W SWANN AVE	
SUITE 100	
City TAMPA	Zip Code FL 33606

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: W. A. Krusen Jr. **W. A. KRUSEN JR.** 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, W. ANDREW JR 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, JESSIE B 3415 MORRISON AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, ISABELLE B 3415 MORRISON AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, WILLIAM A III 3415 MORRISON AVENUE TAMPA, FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, DOUGLAS N 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRUSEN, W. ANDREW JR 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, JESSIE B 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, ISABELLE B 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSEN, WILLIAM A III 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, DOUGLAS N 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. A. Krusen Jr. **W. ANDREW KRUSEN JR.** 4/24/06 **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #